South Carolina Department of Health and Human Services PASS-ALONG WORKSHEET

| | | | | | CASE DATA | | | | |
|--|------------|-----------|------|-----------------------------|---------------|-------------|------|----------------|--|
| Name: First | Middle | ddle Last | | st | Household Nun | | ber: | | |
| Date: | □ Applicat | ion | | Review | □ Re-budget | | | | |
| Budget Group | | | | | Nor | n-Financial | | | |
| | | | | Marital | Cr | iteria Met | S | ocial Security | |
| Name | DOB | Relations | nip | Status | () | res or No) | | Number | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| NOTE: Before computing Pass-along budget sheet verify living arrangements to determine if Income Support and | | | | | | | | | |
| Maintenance (ISM) and/or deeming are applicable. | | | | | | | | | |
| SEE REVERSE OF THIS SHEET TO CALCULATE CLIENT'S COUNTABLE RESOURCES. | | | | | | | | | |
| BUDGET S | UMMARY | NAME | >>>> | • | | | | TOTAL | |
| 1. Current SSA benefit a | amount | | | \$ | \$ | | | \$ | |
| 2. Last SSA Benefit Amount Prior to SSI or OSS Ineligibility | | | | | | | | | |
| 3. Subtotal (1-2=3)This is the Dollar Amount of COLA | | | | | | | | | |
| Increases Since SSI Ineligibility | | | | | | | | | |
| Unearned Income | | | | | | | | | |
| 4. SSA/RR Retirement Benefits | | | | | | | | | |
| 5. Other (ISM, Deemed | | | | | | | | | |
| 6. Subtotal (4+5=6) | | | | | | | | | |
| 7. Allocation for Ineligible Children | | | | | | | | | |
| 8. Subtotal (6-7=8) | | | | | | | | | |
| 9. SSI General Disregard | | | | | | | | | |
| 10. Subtotal Unearned Income (8-9=10) | | | | | | | | | |
| Earned Income | | | | | | | | | |
| 11. Wages/Salaries/Self-Employment Income | | | | | | | | | |
| 12. Allocation for Ineligible Children | | | | | | | | | |
| 13. Subtotal (11-12=13) | | | | | | | | | |
| 14. SSI General Disregard Not Used in Item 9 Above | | | | | | | | | |
| 15. Subtotal (13-14=15) | | | | | | | | | |
| 16. SSI Earned Income | | | | | | | | | |
| 17. Subtotal (15-16=17) | | | | | | | | | |
| 18. Additional SSI Earned Income Disregard | | | | | | | | | |
| (One-half (½) the Amount in Item 17) | | | | | | | | | |
| 19. Subtotal Earned Income (17-18=19) | | | | | | | | | |
| 20. Total Countable Monthly Income (10+19=20) | | | | | | | | | |
| 21. Dollar Amount of COLAs From Item 3 | | | | | | | | | |
| 22. Income Amount to Compare to the Appropriate SSI FBR | | | | | | | | | |
| OR OSS NIL (20-21=22) | | | | | | | | | |
| If item 22 is greater than the appropriate SSI FBR or OSS NIL deny case. | | | | | | | | | |
| | | | | CASE DISPOSITION Approved | | | | | |
| | | | | Continued I | Eligible | P. | Ιп | Denied | |

Date of Eligibility:

Decision Date

DHHS Form 927 (July 2007)

Eligibility Worker's Signature

Closed

South Carolina Department of Health and Human Services PASS-ALONG WORKSHEET

| Burial Assets Exclusion Computation | | | | | | |
|---|---|--|--|--|--|--|
| 1. Determine Net Burial Assets Exclusion Limit: | | | | | | |
| \$ | 1A. Maximum Burial Assets Exclusion Limit | | | | | |
| \$ | 1B. Offset (Subtract value of irrevocable burial arrangements.) | | | | | |
| \$ | 1C. Net Burial Assets Exclusion Limit (A-B) | | | | | |
| \$ | 2A. Combined Value of Burial Assets (Revocable burial contracts, revocable trusts or other designated assets, e.g., bank accounts, etc. | | | | | |
| \$ | 2B. Net Burial Assets Exclusion Limit (1C) | | | | | |
| \$ | 2C. Excluded Burial Assets (If 2A equals or exceeds 2B, enter 2B amount here. If 2A is less than 2B, enter 2A amount here.) | | | | | |
| Enter 2C amount on line 14 below. | | | | | | |
| Countable Resources Co | Value | | | | | |
| 1. Automobile, Truck, e | \$ | | | | | |
| 2. Life Insurance | \$ | | | | | |
| 3. Cash on Hand | \$· | | | | | |
| 4. Checking Account | \$ | | | | | |
| 5. Saving(s) Account | \$ | | | | | |
| 6. U.S. Savings Bonds | \$ | | | | | |
| 7. Stocks and Bonds | \$ | | | | | |
| 8. Trust Fund | \$ | | | | | |
| 9. Pre-need Burial Cont | \$ | | | | | |
| 10. Non-Excluded Cemet | \$ | | | | | |
| 11. Real Property | \$ | | | | | |
| 12. Other | \$ | | | | | |
| 13. Countable Resources | \$ | | | | | |
| 14. Less Burial Exclusion | \$ | | | | | |
| 15. Total Countable Reso | \$ | | | | | |
| 16. Resource Limit (\$200 | \$ | | | | | |
| If item 15 amount exceeds item 16 amount deny the case. | | | | | | |